



REQUEST FOR A CHILD PROTECTION SERVICES (CPS) HISTORY CHECK

State Form 52802 (12-06) / CW 2128
DEPARTMENT OF CHILD SERVICES

Subject of check	Date (month, day, year)
Reason (check all that apply) <input type="checkbox"/> Foster care <input type="checkbox"/> Adoption <input type="checkbox"/> Guardianship <input type="checkbox"/> Employee <input type="checkbox"/> Unlicensed placement	
Relationship to subject <input type="checkbox"/> Applicant / licensee <input type="checkbox"/> Household member* <input type="checkbox"/> Volunteer** <input type="checkbox"/> Employee <input type="checkbox"/> Other _____	
Requestor <input type="checkbox"/> Department of Child Services (DCS) _____ County <input type="checkbox"/> Licensed child placing agency - Name _____	

- * All household members regardless of age. For minor household members age zero (0) to thirteen (13), the check is done to assess placement capacity and compatibility.
** Volunteers who have regular and continuous contact with children supervised by the applicant or licensee.

CONSENT TO CHECK CPS RECORDS

I hereby consent to a release of information to the above-named agency and the _____ County office of the Department of Child Services regarding any prior child protection service history. The history may include any information contained in the State Central Registry (SCR) and the Central Client Index (CCI) in the Indiana Child Welfare Information System (ICWIS), plus any information contained in the files or records of any child protection service office in Indiana or any other state. I understand that this information is necessary to ensure the safety of related, foster, or adopted children in the home where I reside. This authorization is valid from _____ to _____.

Signature	Date (month, day, year)
Printed name (first, middle, last; include any maiden / alias / other married name)	
Date of birth (month, day, year)	Social Security number (List all numbers that have ever been assigned to you under any alias name.)

REQUESTED INFORMATION

Has the above-named person ever been licensed as a foster parent in your county? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, was the license closed or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain the circumstances. _____ _____	
Does the above-named person have a record of substantiated child abuse or neglect in your county or state? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is the person the perpetrator? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain and/or attach any relevant documentation. _____ _____	
If this person was identified in another county(ies) on the CCI, please name the other county(ies) so the information can be requested.	

Signature of person completing the check	Date (month, day, year)
Printed name	Title
_____ County office of the Department of Child Services.	